PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correcte | form should be used | for training the | nsmitting the ISSI Patent, advance o | UE FEE and PUBLIC. | TION FEE (if req f maintenance fees | uired). I will be | Blocks I through 5 she mailed to the current of | ould be completed where correspondence address as ate "FEE ADDRESS" for |
|--|--|--|--|--|---|--|--|---|
| maintenance fee notificat CURRENT CORRESPONDE | | ote: A certificate o | f mailin | g can only be used for icate cannot be used fo | domestic mailings of the | | | |
| **** | | | | | apers. Each addition ave its own certifica | te of ma | , such as an assignmen iling or transmission. | t or formal drawing, must |
| 23696 | 7590 06/2 INCORPORATE | 1/2007 ETD | | | Ce | rtificate | of Mailing or Transn | dission |
| 5775 MOREHOU SAN DIEGO, CA | | 6 5 1 | nereby certify that that is taken Postal Service addressed to the Manansmitted to the US | nis ree(with sul il Stop PTO (57 | is fransmittal is being the first in its in | deposited with the United class mail in an envelope bove, or being facsimile to indicated below. | | |
| | | | | [| Gayle G | <i>≅\$</i> ‡,i | ck _{2 0} | . (Depositor's name) |
| | | | | | Llego | Lle | XX | (Signature) |
| | | | | . ' [| Septemi | oer <i>ó</i> | ² 0, 2007 | (Date) |
| APPLICATION NO. | FILING DATE | | | FIRST NAMED INVENT |)R | ATTO | RNEY DOCKET NO. | CONFIRMATION NO. |
| 09/702,142 - | 10/30/2000 | • | | Roberto Padovani | | | PA000043 | 1140 |
| TITLE OF INVENTION: PILOT REFERENCE TRANSMISSION FOR A WIRELESS COMMUNICATION SYSTEM | | | | | | | | |
| | | | | • | | | • | • |
| APPLN. TYPE | SMALL ENTITY | IS | SUE FEE DUE | PUBLICATION FEE DL | E PREV. PAID ISSU | IE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | | `\$1400 | 02 | so | | \$1400 | 09/21/2007 |
| EXAMI | EXAMINER | | ART UNIT | CLASS-SUBCLASS | ר י | 1 | | |
| SHAH, CHIRAG G | | | 2616 | 370-332000 | | | | |
| . Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list | | | | | | | | |
| CFR 1.363). Change of correspondence address for Change of Correspondence | | | | (1) the names of up to 3 registered patent attorneys 1 Jian Ma or agents OR, alternatively, | | | | |
| Address form PTO/SB/122) attached. | | | (2) the name of a single firm (having as a member a 2 Thomas R. Rouse | | | | | |
| "Fcc Address" indication (or "Fcc Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 listed, no name will be printed. | | | | |
| . ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| QUALCOMM Incorporated | | | | San Diego, CA | | | | |
| Please check the appropriate assignce category or categories (will not be printed on the patent): | | | | | | | | |
| a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | | | |
| Issue Fee | | | | | | | | • |
| Advance Order - # | Payment by credit of | Payment by credit card. Form PTO-2038 is attached. Fine Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 17-0026 (enclose an extra copy of this form). | | | | | | |
| | | | | overpayment, to De | pósit Account Numb | er <u>17-</u> | -0026 (enclose an | extra copy of this form). |
| . Change in Entity Statu a. Applicant claims | - | | | b. Applicant is no le | nger claiming SMA | LL ENT | TTY status. See 37 CFR | . 1.27(g)(2). |
| NOTE: The Issue Fee and nterest as shown by the re | Publication Fee (if requests of the United Sta | rired) w | vill not be accepted | | | | | |
| | Kici Os | | 1/1 | • | 9 | 1_ | 1-5 | |
| Authorized Signature Date 1729 D | | | | | | | | |
| Typed or printed name George J. Oehling Registration No. 40,471 | | | | | | | | |
| his collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. lox 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. | | | | | | | | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.